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CENTRAL FAX CENTER

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**BEST AVAILABLE COPY**

In re application:

Clayman et al.

U.S. Serial No.: 10/734,697

Filed: December 12, 2003

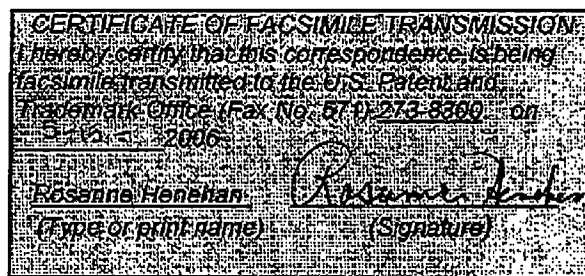
For: GUIDEWIRE

Customer No.: 21378

Docket No.: ADIV-1593-AU

Art Unit: 3731

Dear Sir/Madam:



Attached please find the following documents submitted for filing in reference to the above-referenced application.

1. Information Disclosure Statement;
2. PTO Form SB/08a; and
3. Transmittal.

Respectfully submitted,

Rosanne Henahan
Applied Medical Resources

CUSTOMER NO.: 21378

Telephone (949) 713-8000

Facsimile (949) 713-8206

May. 15. 2006 2:55PM Applied Medical 1-949-713-8206

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CENTRAL FAX CENTER

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PTO/SB/21 (02-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10734,697	
	Filing Date	December 12, 2003	
	First Named Inventor	Ralph V. Clayman	
	Art Unit	3731	
	Examiner Name	Not yet assigned.	
Total Number of Pages in This Submission	4	Attorney Docket Number	ADV-1593-AU

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO Form SB/08a
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	CYNTHIA A. BONNER
Signature	<i>Cynthia A. Bonner</i>
Date	5/15/06

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Rosanne Henahan		
Signature	<i>Rosanne Henahan</i>	Date	5-15-06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MAY 15 2006

In re application of:)	Customer No. 21378
Clayman et al.)	
Serial No.)	Attorney's Docket: ADIV-1593-AU
10/734,697)	
Filed:)	
December 12, 2003)	
For:)	
GUIDEWIRE)	

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Dear Sir/Madam:

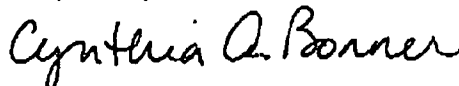
Enclosed please find a copy of PTO/SB/08a which lists information that may be relevant to the prosecution of the above-captioned application. It is requested that this information be considered by the Office.

This Statement is being submitted under the terms of 37 C.F.R. § 1.97(b). The information is being filed before the mailing of a first Office Action on the merits. Therefore, it is believed no fee is due.

Under 37 C.F.R. § 1.97(h), it is understood that filing of the Information Disclosure Statement does not constitute an admission that the information submitted is material to patentability.

The Commissioner is hereby authorized to charge any fee deficiency, or credit any over-payment, to our Deposit Account No. 01-2215.

Respectfully submitted,



Cynthia A. Bonner
Attorney for Applicant
Registration No. 44,548

Date: May 15, 2006

Customer No. 21378
Telephone (949) 713-8000
Facsimile (949) 713-8206

May. 15. 2006 2:56PM Applied Medical 1-949-713-8206

No. 1609 P. 4/4

PTO/SB/08A (07-05)

Approved for use through 07/31/2006. OMB 0651-0031

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Substitution for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>		Complete if Known Application Number 10/734,697 Filing Date December 12, 2003 First Named Inventor Ralph V. Clayman Art Unit 3731 Examiner Name Not yet assigned. Attorney Docket Number ADIV-1593-AU	
Sheet	1	of	1

[illegible][illegible]

Examiner Signature	/Christopher Koehler/ (07/20/2008)	Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹Applicant's unique citation designation number (optional). ²See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶Applicant is to place a check mark here if English language translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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